PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR	Attorney Docket Number First Named Inventor	WSP:204-US  KIEFER, Rainer		
DESIGN PATENT APPLICATION (37 CFR 1.63)	COMPLETE IF KNOWN			
	Application Number			
Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required)	Filing Date			
	Art Unit			
	Examiner Name			

As the below named inventor, I hereby declare that:							
My residence, mailing address, and ci	itizenship are as stated bek	ow next to my name.					
I believe I am the original and first inve	entor of the subject matter v	which is claimed and for wh	ich a patent is sougl	ht on the invention entitled:			
DISCHARGE VALVE FO	OR CO2-PRESSU	RE CYLINDERS	<u> </u>				
(Title of the Invention)							
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY)	06/15/2000	as United States	Application Number	or PCT International			
L							
Application Number PCT/EP00	/05522 and was amend	led on (MM/DD/YYYY)	05/25/2001	(if applicable).			
I hereby state that I have reviewed and any amendment specifically referred to		of the above identified spec	cification, including the	he claims, as amended by			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits	under 35 U.S.C. 119(a)-(d)						
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
199 27 667.6	Germany	06/17/1999					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below							
Michael L. Dunn, Dunn & Associates							
Mana							
P.O. Box 10				<del></del>			
Address							
Newfane	4	NY		14108			
City		State		ZIP			
U.S.A.	716-433-1661			716-433-1665			
Country	Telephone			Fax			
Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Rainer			Kiefer				
Given Name (first and middle [if any])	Given Name (first and middle (if any))		Family Name or Surname				
(mot and mode [n any])		01 04.	Ilatile	1			
Inventor's Signature				Date			
Wiesbaden		_	Germany	German			
Residence: Citý	Residence: City State		Country	Citizenship			
Seerobenstrasse 20	•		•				
Mailing Address							
Wiesbaden			65195	Germany			
	State		ZIP				
City				Country			
NAME OF SECOND INVENTOR:	A petition na	is been	filed for this unsign	ed inventor			
Given Name (first and middle [if any])  Family Name or Surname							
Inventor's			Dete				
Signature				Date			
Residence: City	State		Country	Citizenship			
Mailing Address							
City	State		ZIP	Country			
Additional inventors are being named on the		ional Inve	ntor(s) sheet(s) PTO/SB				